

DECLARATION and POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled LIGHTED DISSECTOR AND METHOD FOR USE, the specification of which

[x] is attached here	eto.
[] was filed on Application Serial No.	as
and was amended on	

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim U.S. provisional application or foreign priority benefits under Title 35, United States Code, §119 of any U.S. provisional applications or any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior U.S. Provisional or Foreign Application(s)				
		A1 . mm 1 @ m	Priority	Claimed
Number	Country	Day/Month/Year Filed	Yes	No

I hereby appoint the Practitioners at Customer Number 26874, c/o Frost Brown Todd LLC as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

The undersigned hereby authorizes the foregoing Practitioners to accept and follow instructions from AtriCure Corporation as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the undersigned and the aforenamed Practitioners. In the event of a change in the firm or persons from whom instructions may be taken, the aforenamed Practitioners will be so notified in writing by the undersigned.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Sole or first inventor:		
Signature: Full Name: Residence: Citizenship: Postal Address:	Joetta Kener Palmer Joetta Renée Palmer 3849 Cherry Brook Lane Mason, Ohio 45040 USA same as residence	Date: <u>7. 14.04</u>
Second inventor:		
Signature:		Date:
Full Name:	Dr. Randall Kevin Wolf	
Residence:	6175 Park Road	
, tooladiido.	Cincinnati, Ohio 45243	
Citizenship:	USA	
Postal Address:	same as residence	
Third inventor:		
Signature:		Date:
Full Name:	Dr. Eric William Schneeberger	
Residence:	3445 Mooney Avenue	
	Cincinnati, Ohio 45208	
Citizenship:	South Africa	
Postal Address:	same as residence	

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Sole or first inventor:		
Signature:		Date:
Full Name:	Joetta Renee Palmer	
Residence:	3849 Cherry Brook Lane	
	Mason, Ohio 45040	
Citizenship:	USA	
Postal Address:	same as residence	
Second inventor:		
	1/1/10/	A2/010
Signature:	Moone	Date: 4009
Full Name:	Dr. Randall Kevin Wolf	
Residence:	6175 Park Road	
	Cincinnati, Ohio 45243	
Citizenship:	USA	
Postal Address:	same as residence	
Third inventor:		
	State la 1	19/2/0
Signature:	- mornelby	Date: V/2/84
Full Name:	Dr. Eric William Schneeberger	, ,
Residence:	3445 Mooney Avenue	
	Cincinnati, Ohio 45208	
Citizenship:		
Onizononip.	South Africa	

Date: 7-14-04

Date: 7/14/04

Fourth inventor:

Signature: Full Name:

Residence:

Patrick Jerome Alexander 5569 Little Flower Avenue

Cincinnati, Ohio 45239

Citizenship: USA

Postal Address: same as residence

Fifth inventor:

Signature:

Full Name: Residence: Daniel William Divelbiss

16020 Old Mansfield Road Fredericktown, Ohio 43019

Citizenship:

USA

Postal Address: same as residence

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